

Montana

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State CARE Act Program Profile

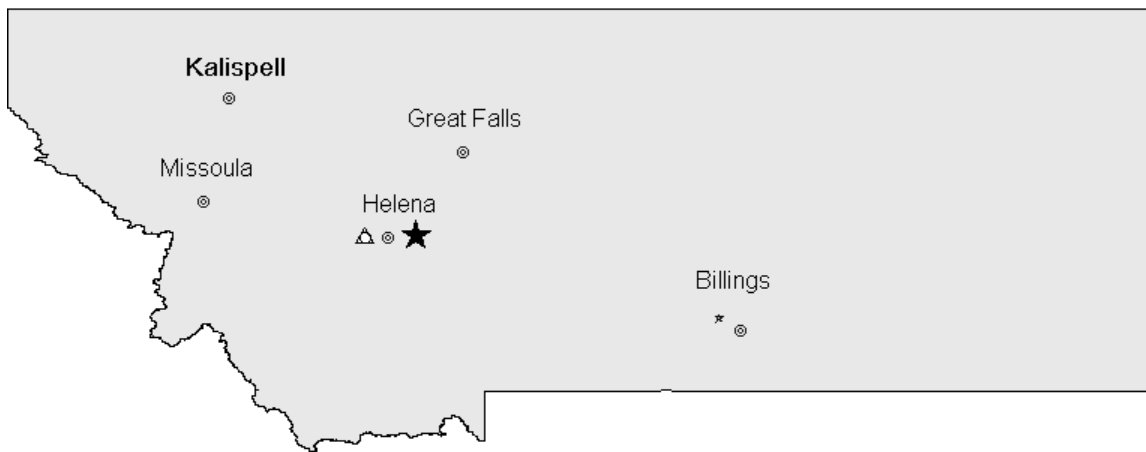
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$129,912	\$201,037	\$375,524	\$706,473
ADAP	(\$18,943)	(\$64,137)	(\$125,524)	(\$208,604)
Title III	\$228,460	\$245,490	\$267,715	\$741,665
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$6,370	\$4,500	\$10,000	\$20,870
Dental	\$0	\$0	\$0	\$0
Total	\$364,742	\$451,027	\$653,239	\$1,469,008

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	1	1	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or collaborator)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



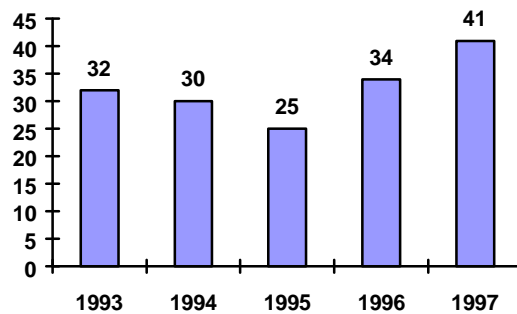
LEGEND

- Title I Grantees (0)
- ⊙ Title II Consortia (5)
- ★ Title III Grantees (1)
- Title IV Grantees (0)
- ▲ SPNS Grantees (0)
- △ AETC Grantees (1)
- Dental Program (0)

HIV/AIDS Epidemic in the State: Montana (Pop. 878,810)

- ▶ Persons reported to be living with AIDS through 1997: 131
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 162 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	90%	78%
Women (13 years and up):	10%	22%

	State-Specific Data	National Data
<13 years old :	2%	1%
13-19 years old :	0%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	85%	33%
African American:	7%	45%
Hispanic:	2%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	5%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	45%	35%
Injecting drug user (IDU):	20%	24%
Men who have sex with men and inject drugs (MSM/IDU):	8%	4%
Heterosexual contact:	8%	13%
Other, unknown or not reported:	20%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	152.0	194.5
Gonorrhea (1996)	4.75	124.0
Syphilis (1996)	0	4.3
TB (1997)	2.0	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** dental care; housing; legal services; support groups; alternative therapies; access to social services; food services; mental health services; substance abuse treatment; and employment services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL
Medically Needy	46% FPL

*Income eligibility for State's ADAP program is based on need.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Montana

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$129,912	\$201,037	\$375,524	\$706,473
ADAP (included in Title II grant)	(\$18,943)	(\$64,137)	(\$125,524)	(\$208,604)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$317,524/85%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$11,000)
ADAP/Treatments	(\$306,524)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$39,000/10%
Health Care*	(\$39,000)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$19,000/5%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Cascade County Consortium	Great Falls	Cascade County	\$5,000
Central Montana Consortium	Helena	Lewis and Clark, Jefferson, Broadwater, Powell and Meagher Counties	\$4,000
Eastern Montana AIDS Consortium	Billings	Governor's Planning Regions I and III	\$5,500
Northwest Montana Consortium	Kalispell	Lincoln and Flathead Counties and Lake County North of Polson	\$3,000
Western Montana Consortium	Missoula	Missoula, Granite, Ravallis, Mineral, and Sanders Counties and Lake County south of Polson	\$9,000

Accomplishments

Clients Served (duplicated count), FY 1996:	90
Men:	89%
Women:	11%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

▶ **Improved Patient Access**

- Since 1996, the number of clients served by ADAP has increased by 20%. The number of clients receiving at least one prescription per month from ADAP increased from 30 in 1995 to 39 in 1997. As of mid-1998, 42 clients were enrolled; monthly utilization had grown from 20 clients per month in 1997, to 30 per month as of June 1998; and 60% of all clients were receiving protease inhibitors.
- Montana co-located HIV-related, STD, and TB services at one site to improve coordination, access to care, follow-up, and treatment compliance.

▶ **Cost Savings**

- The Title II program contracts with a mail-order pharmacy that provides drugs at 18% savings. Clients have been transitioned from local retail pharmacies to the mail-order pharmacy.
- Beginning in 1998, the ADAP participates in the Office of Drug Pricing's discount drug purchasing program for substantial cost savings.

▶ **Other Accomplishments**

- Title II closely coordinates efforts with the Title III grantee in the State. Title II provides ADAP services, insurance continuation, and case management through the consortia. Title III is the primary provider and payor of medical services. Quarterly reviews of clients are conducted to determine their eligibility for alternative funding sources, such as Medicaid.
- In the absence of State resources other than Medicaid, clients who are on the waiting list for enrollment into the Title II ADAP are able to access treatment through Title III, and other patient assistance programs.

AIDS Drug Assistance Program (ADAP): Montana

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$129,912	\$201,037	\$375,524	\$706,473
State Funds	\$95,000	\$0	\$0	\$95,000
Total	\$224,912	\$201,037	\$375,524	\$801,473

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 11 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: No
- ▶ Co-payment: Sliding scale
- ▶ Enrollment cap: 35
- ▶ Waiting list as of 10/98: 5
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	42
Number using ADAP each month:	30
Percent of clients on protease inhibitors:	75%
Percent of active clients below 200% FPL:	95%

Client Profile, FY 1996

Men:	100%
Women:	0%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Montana

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$228,460	\$245,490	\$267,715	\$741,665

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and counseling and testing services by State's Title III-funded programs: 1,050
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 100
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 41
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 29%
 - ▶ from 200 to 499: 39%
 - ▶ above 500: 32%

Accomplishments

Clients served (primary care only), 1996:	100
Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	93%
African American:	3%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%

Men who have sex with men (MSM):	66%
Injecting drug user (IDU):	11%
Men who have sex with men and inject drugs (MSM/IDU):	6%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	17%
Receipt of blood transfusion, blood components, or tissue:	0%

► **Improved Patient Access**

- Prior to receiving CARE Act Title III funding in 1995, HIV services in Montana were fragmented and difficult to obtain. The state had very few knowledgeable HIV care providers and some newly diagnosed clients left the state in search of adequate care. With Title III funding, a statewide network of providers of HIV care has been established. Each of the six major cities in Montana has a Title III-affiliated site. The network of providers cares for approximately 85% of Montana's HIV/AIDS population.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Yellowstone City-County Health Department	Billings	Statewide	Health Department

AIDS Education and Training Centers: Montana

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Northwest AETC
- ▶ States Served: Alaska, Idaho, Montana, Oregon, Washington
- ▶ Primary Grantee: University of Washington, Seattle, WA
- ▶ Collaborators in State: Dept. of Public Health and Human Services - Helena

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$6,370	\$4,500	\$10,000	\$20,870

Training Highlights from FY 1997

- In collaboration with the Washington State Department of Mental Health, SPNS grantees, and the Oregon Health Sciences University HIV Program, the AETC developed and facilitated a two-day integrated training for primary care providers and case managers. The training focuses on managed care issues, adherence, and collaborations between HIV/AIDS, mental health, and substance abuse case managers and care systems.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, a workshop on harm reduction was offered in June 1998. The workshop was geared toward substance abuse educators, counselors, HIV/AIDS and mental health case managers. Issues addressed at the training included substance abuse, harm reduction, and adherence to HIV/AIDS therapeutic regimens.
- The AETC co-sponsored a conference in Spokane titled, "HIV/AIDS Update with Grand Rounds." This course, attended by dentists and dental hygienists, included both lecture and the opportunity for participants to examine patients with oral manifestations.

- The AETC carried out several activities to disseminate information on the reduction of perinatal transmission of HIV. In 1997, two trainings were held for providers, one in Billings, Montana and the other in Portland, Oregon. In addition to the trainings, information on reducing perinatal transmission was mailed to 750 providers who work at primary care clinics. Medical directors at the clinics also received a book on the medical management of AIDS in women. The AETC also produced and distributed a fotonovella, an illustrated booklet that incorporates treatment information into a story, to assist providers in communicating information on reducing perinatal transmission to their patients.
- To educate providers about PHS treatment guidelines, a video on the treatment guidelines was distributed to every State Health Department in the region.
- In collaboration with the Washington State Department of Health-HIV/AIDS Client Services and early Intervention Program, and the Washington State Medical Association, a four-page needs assessment was developed to gather information on the knowledge level of Washington State primary care providers on HIV/AIDS therapeutics and assessment skills. Over 1,700 surveys were returned and the results will be used to tailor future training activities to the needs of providers.
- The AETC maintains a web site that provides information about its services and products, including training schedules/descriptions and health education materials. In addition, the site links with other regional, national and international resources.
- The AETC collaborates and promotes the AIDS MEDCON service at the University of Washington. This telephone consultation service provides callers with a variety of HIV-related information such as clinical updates, information on new clinical trials, and bibliographies. New MEDCON callers inquiring about AIDS receive a “starter packet” that includes AIDS information and a description of the AETC’s mission and services.